

AGENDA

- Program Updates
 - Participant direction payroll timelines
 - Required case management units
 - IPC modifications as a result of rate reductions
 - Change in DD Case Manager Support Call frequency
- Monthly Training Session - The Eligibility Process and Case Manager Responsibilities - [Slidedeck](#)

TOPICS

Participant direction payroll timelines

The Division of Healthcare Financing (Division) would like to remind case managers of the new guidance for electronic visit verification (EVV) requirements for participant-directed services, which went into effect on January 1, 2021. Time submissions and corrections for processing of payroll must be submitted within two (2) pay cycles of when the service is provided. For example, time worked during the February 1st - 15th pay cycle may be submitted through March 15th. Please remember that pay cycles run from the first to the fifteenth, and the sixteenth to the end of the month.

After the allotted time, submissions and corrections will no longer qualify for payment. This applies to employee time or corrections submitted for services provided beginning January 1, 2021. Timesheets for services provided prior to January 1st may be submitted for up to 12 months, in accordance with previous guidance. If an employer or employee of participant-directed services is unsure about the status of any of their EVV shifts, please refer them to their ACES\$ Online account(s), or encourage them to contact ACES\$ directly.

Required case management units

As established in Chapter 45, Section 9 of the Department of Health's Medicaid Rules, case management is a mandatory service for all participants enrolled on the Comprehensive and Supports Waivers. Because this is the one required service for all participants, a unit of case management must be delivered to each participant every month that the participant is eligible for waiver services. Each participant's individual budget amount (IBA) includes funding that is designated for case management services. It is never acceptable to divert funds from the case management budget to use for the provision of other waiver services.

IPC modifications as a result of rate reductions

Modifications to participant individualized plans of care (IPCs) as a result of the rate reductions that went into effect on February 1, 2021 must be submitted by March 24, 2021. Case managers must work closely with providers to ensure that unit splits are accurate and, if not, submit the modification by March 24th.

As a reminder, if the overall units between like lines remain the same, a new team signature form isn't needed. If units are changed, a new team signature form is required. If a participant's IBA needs to be increased, please complete the Budget Calculation Tool and work with the county assigned Benefits and Eligibility Specialist (BES) prior to submitting the modification. The tool, which can be found on the [DD Providers and Case Managers](#) page of the Division website, under the *2.5% Reduction Implementation*

toggle, should be uploaded into the participant's document library in EMWS when rate change modifications are submitted.

Change in DD Case Manager Support Call frequency

In order to ensure that all home and community-based program providers and case managers are receiving regular updates and training opportunities, the Division is implementing support calls for providers and case managers of the Community Choices Waiver (CCW) program in addition to the support calls it currently holds for providers and case managers of the Comprehensive and Supports Waiver (DD Waiver) programs. It is unreasonable to expect case managers who deliver services for both programs to attend two calls each month. Therefore, the Division will hold support calls for each program every other month on alternating months. The next DD Waiver Case Manager Support Call will be held on the second Monday in May (May 10, 2021) at 2:00PM.

WRAP UP

Next call scheduled for May 10, 2021